



Bib Data Sheet



**UNITED STATES DEPARTMENT OF  
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<b>SERIAL NUMBER</b> 09/523,615	<b>FILING DATE</b> 03/13/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2731	<b>ATTORNEY DOCKET NO.</b> Cao-7	
<b>APPLICANTS</b> Yang Cao, Bradford, MA ;					
** CONTINUING DATA ***** <i>NONE</i>					
** FOREIGN APPLICATIONS ***** <i>NONE</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/12/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met					
Verified and Acknowledged <i>Allowance</i> Examiner's Signature Initials					
<b>ADDRESS</b> James W Wiegand The Law Office Of James W Wiegand 190 Babcock Street Brookline ,MA 02446					
<b>TITLE</b> Apparatus and method for automatic port identity discovery in hierarchical heterogenous sytems					
<b>FILING FEE RECEIVED</b> 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 6571

<b>SERIAL NUMBER</b> 09/523,615	<b>FILING OR 371(c) DATE</b> 03/13/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2697	<b>ATTORNEY DOCKET NO.</b> Cao-7	
<b>APPLICANTS</b> Yang Cao, Bradford, MA;					
** CONTINUING DATA ***** None TBA					
** FOREIGN APPLICATIONS ***** None TBA					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/12/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature _____ Initials _____			
<b>ADDRESS</b> Harness Dickey & Pierce PLC P O Box 8910 Reston ,VA 20195					
<b>TITLE</b> Apparatus and method for automatic port identity discovery in hierarchical heterogenous sytems					
<b>FILING FEE RECEIVED</b> 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		